

USE SEPARATE ENTRY BLANK FOR EACH OWNER

PREMISE ID# _____
Voluntary

Illinois State Fair
OPEN AND LAND OF LINCOLN
SHEEP ENTRY BLANK
Entries Must be Postmarked July 1
NO REFUNDS

Return form and fees to:
ILLINOIS STATE FAIR, COMPETITIVE EVENTS
P. O. BOX 19427, SPRINGFIELD, IL 62794-9427
PHONE: 217/782-0786

BREEDING ANIMALS

DEPART- MENT	DIVISION NO.	CLASS NUMBER		NAME AND ADDRESS OF OWNER (As it appears on Registration Paper if different from Gum Label)
		OPEN CLASS	LAND OF LINCOLN	

Wethers (Maximum 8, if 2 are premiere) Do Not Specify Breed, will be classified during weigh	# of Head

Are any of these animals Land of Lincoln?

Yes or No (Circle One)

Are any of these animals Premiere?

Yes or No (Circle One)

EXHIBITOR'S NAME (Please Type or Print) _____

ADDRESS, STREET OR R. F. D. _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____

EMAIL _____

SOCIAL SECURITY # OR FEIN # OF FIRM OR CORP. (ONLY NEW EXHIBITORS) _____

CONDITION OF ENTRY

By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Parent/Guardian Signature _____ Date _____

Exhibitor's Signature _____ Date _____

Breeding Sheep per head (\$5.00) _____

Wethers per head (\$5.00) _____

Admission Passbook (13-59) each (\$60.00) _____

Auto Sticker each (\$40.00) _____

Total _____

CHECKS PAYABLE TO: ILLINOIS STATE FAIR

Receipt # _____

Exhibitor's # _____ ID # _____

**ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE
PARKED IN THE 1/2 MILE TRACK AND WILL BE SPRAYED BY A
MOBILE UNIT!**

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. In accordance with the Americans With Disabilities Act any attendee requiring a reasonable accomodation should notify us of their needs by August 1.
IL406-0566 (Rev. 4-16)

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Name_____ Exhibitor # _____ ID# _____ Receipt_____